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APPENDIX III TO PART 310—FORM: APPLICATION FOR REIMBURSEMENT TO LOCAL GOVERNMENTS FOR EMERGENCY RESPONSE TO HAZARDOUS SUBSTANCE RELEASE UNDER CERCLA Sec. 123

EPA Form 9310-1, Application for Reimbursement to Local Governments

		lease type or pr	int all information		
\$EPA	Application to Loca Emergency	nington, D.C.: on for Rei al Governme Response t	20460 mbursement	123	Form Approved OMB No 2050-0077 Approved expires
1. Local government Ident	tification				
a. Name of Local government		b. Contac	t Name and Telephon	e Number	
c. Official Address		d. Date o	f Application		
2. Release Description		.			With the control of t
a. Date and Time of Occurrence or D	iscovery	D. Location			
C. Source or Cause of Release					
d. Hazardous Substances Released as	nd Quantity (Petr	oleum, crude c	il, or any unspecif	ied fraction	ons thereof are <u>excluded)</u>
e. Threats to human health and Envi	ronmental				
f. Attach any additional material p	ertinent to the	release			
3.Response Description					
a. Date and Time of HazMat Response Initiation	b. Was anyone	notified of	other		
c. EPA Region	d. Date and	Fime Contact M	ade		e. Date of Response completion (Local government has received all data, reports, and charges for response)
f. Jurisdiction in Which Response Occurred			g. Is your local g III Emergen (Check on	cy Response	
h. Responding Agencies and Jurisdic	tions				

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i. Summary of Response Actions	
j. Temporary Measures for Which Reimbursement is Sought	
	1.14
4. Cost Information	
a. Total Response Cost b.	Total Reimbursement Requested
l .	•
\$	
c. Complete and Attach Table 1, "Detailed Cost Breakdown"	
d. Complete and Attach Table 2, "Cost Recovery Summary"	
e. Attach Other Pertinent Financial Information	
5. Certification and Authorization (To be completed by highest rankin	
	g official of applying local government.)
I hereby certify that:	g official of applying local government.)
I hereby certify that: 1) All costs are accurate and were incurred specifically for the respon 2) Reisburgement for costs incurred for response activities does not su	se for which reimbursement is being requested.
I hereby certify that: 1) All costs are accurate and were incurred specifically for the respon	se for which reimbursement is being requested. splant local funds normally provided for response
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The public reporting and recordkeeping burden for this collection of information is estimated to average 8 hours per response annually. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137), 401 M St., S.W., Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

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 Form 9310-1 is not considered complete unless it is signed by the highest ranking official of the local government requesting reimbursement, or signed by the authorized representative indicated in an enclosed letter delegating signature authority for this application process.

ATTACHMENT 1 TO FORM 9310-1 COST ELEMENT CODES AND COMMENTS

[Cost Element Codes for use in Table 1]

Code	Cost category	Cost element	Comments
PC	Personnel Compensation	PC1: Overtime—for services excess of the local agency's standard work day or work week. PC2: Experts and consultants—for services rendered on a per diem or fee basis or for services of an inter- mittent, advisory nature.	Compensation of overtime costs in- curred specifically for a response will be considered only if overtime is not otherwise provided for in the applicant's operating budget.

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ATTACHMENT 1 TO FORM 9310-1 COST ELEMENT CODES AND COMMENTS—Continued [Cost Element Codes for use in Table 1]

Code	Cost category	Cost element	Comments
TR	Transportation	TR1: Passenger vehicle rental—for transportation of persons during evacuation. TR2: Nonpassenger vehicle rental—for transportation of equipment or supplies.	Passenger and nonpassenger vehicle rental costs will be considered for private vehicles not owned or operated by the applicant or other unit of local government.
RC	Utilities	RC1: Utilities—for power, water, electricity and other services exclusive of transportation and communications.	Utility costs will be considered for pri- vate utilities not owned or operated by the applicant or other unit of local government.
OS	Other Contractual Services	OS1: Contracts for technical or sci- entific analysis—for tasks requiring specialized hazardous sustance re- sponse expertise. OS2: Decontamination services—for specialized cleaning or decon- tamination procedures and supplies to restore clothing, equipment or other serviceable gear to normal functioning.	May include such items as specialized laboratory analyses and sampling.
SM	Supplies and Materials	SM1: Commodities—for protective gear and clothing, cleanup tools and supplies and similar materials purchased specifically for, and expended during, the response.	May include such items as chemical foam to suppress a fire; food purchased specifically for an evacuation; air purifying canisters for breathing apparatus; disposable, protective suits and gloves; and sampling supplies.
EQ	Equipment	EQ1: Replacement—for durable equipment declared a total loss as a result of contamination during the response. EQ2: Rents—for use of equipment owned by others.	Equipment replacement costs will be considered if applicant can demonstrate total loss and proper disposal of contaminated equipment. Equipment rental costs will be considered for privately owned equipment not owned or operated by the applicant or other unit of local government.

	Table 1 Detailed Cost Break	down	
Temporary Emergency Measure	Cost Incurred By	Cost Element (See Attachment 1)	Amount
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Attach supporting documentation, e.g., invoices, sales receipts, rental agreements

	Cost Re	Table 2 Cost Recovery Summary	
Note: This "Cost Rec	covery Summary" r You Must Fill Ou	Note: This "Cost Recovery Summary" must accompany each request for reimbursement. You Must Fill Out Each Section Of This Form.	ement.
Name and Title of Source Contacted	Date(s) Contacted	Brief Summary of Response	Details Attached
Attempts to Recover Costs from Potentially Responsible Parties (Including PRP Insurance)			
Attempts to Recover Costs from State Funding Sources			
Attempts to Recover Costs from Local Government Insurance			
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PART 311—WORKER PROTECTION

Sec.

311.1 Scope and application.

311.2 Definition of employee.

AUTHORITY: 29 U.S.C. 655, Pub. L. 99-499.

Source: 54 FR 26658, June 23, 1989, unless otherwise noted.

§311.1 Scope and application.

The substantive provisions found at 29 CFR 1910.120 on and after March 6, 1990, and before March 6, 1990, found at 54 FR 9317 (March 6, 1989), apply to